

<p style="text-align: center;"><b>Department of Military and Veterans Affairs</b> <b>Division of Homeland Security and Emergency Management</b> Statewide Training Policy (Specific to ODP, Backfill/Overtime Funding)</p>
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Authority

In accordance with Alaska Statutes the Division of Homeland Security and Emergency Management (DHS&EM) shall adopt policies and procedures consistent with current law to establish training.

References

Alaska Statutes

AS 44.35.020 Duties and Powers of Department

AS 26.23.040 Duties of the Alaska Division Homeland Security and Emergency Management

AS 26.23.075 Alaska State Emergency Response Commission

Homeland Security Grant Information

Homeland Security Grant Program Jurisdiction Application

Purpose

Assist communities with training needs and Overtime/Backfill payments utilizing grant money for attending ODP or other qualified classes as identified by the grant guidelines.

Application

Agencies that supply emergency preparedness, prevention and response personnel, emergency managers and public/elected officials are addressed in this policy. Some specific groups are firefighters, law enforcement, emergency management, public works, public health, public safety communications, cyber security and private security providers, and citizen volunteers through Citizen Corps Councils.

Definitions

- A. Overtime and Backfill funding:  
Overtime funding is defined as payment for work performed by employees in excess of the established work week (generally 40 hours) as a result of ODP-approved activities. Backfill is utilizing or hiring a staff member to work over and above the normal, scheduled work hours or work week, in absence of staff that are attending training.
- B. Training Officer:  
The Training Officer is designated by Division of Homeland Security and Emergency Management (DHS&EM) to coordinate training.

Policy

- A. Training Program  
DHS&EM Training Officer shall establish a program for eligibility to meet ODP and other Grant requirements.
- B. Training Records  
DHS&EM Training Officer will maintain records on individuals trained or seeking training to efficiently disperse funds, avoid duplication of services, and maintain

certifications and qualifications. The Training Officer will file all training Certificates in DHS&EM Training File.

C. Discretionary Funding

All funding for training is discretionary and dependent upon money received from grant appropriations and other sources.

Procedures

A. Training Requests

1. Identifying desired training.
  - All training will be researched and identified by the individual desiring training.
  - The individual desiring training then completes ODP Form 1 and submits it to his/her supervisor for approval and signature.
  - Training requests are then sent to the DHS&EM Training Officer for approval.
2. All paperwork must be filled out completely and submitted to the DHS&EM Training Officer.
3. DHS&EM Training Officer will return the submittal with the determination to the requesting individual within two weeks after receipt of request.
4. When training is approved:
  - The applicant may proceed with all necessary actions to attend the course requested.
  - The Training Officer will notify the applicant and fax the application paperwork to the appropriate ODP training partner.
5. Line by line instructions to complete these forms are printed on the back of each form.

B. Reimbursement of Funds

1. The Training/Class Completion Form (ODP Form 2) is to be completed and submitted with all receipts, time sheets, payroll records, transcripts and certificates of completion.
2. The DHS&EM Training Officer will review the forms and attachments to determine if they are accurate and complete.
3. All funds will be reimbursed within two weeks of receiving necessary forms and receipts.
4. The DHS&EM Staff Officer and/or Administrative Manager will make final funds reimbursement determination.

Implementation

May 7, 2004

Review

This procedure will be reviewed annually or as deemed necessary.

<p style="text-align: center;"><b>Department of Military and Veterans Affairs</b> <b>Division of Homeland Security and Emergency Management</b> <b>Training/Class Instruction Form</b></p>
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Definitions:

- A.     Training Officer  
The person designated to coordinate internal and external training by the Division of Homeland Security and Emergency Management (DHS&EM).
- B.     Backfill Costs  
Wages paid to temporarily fill a position of a staff attending an Office of Domestic Preparedness (ODP) course.\*
- C.     Overtime Costs  
Wages earned in excess of the established work week, in accordance with the policies of the State of local government, with the approval of the awarding agency (DHS&EM). Fringe benefits on overtime hours are limited to FICA, Workers Compensation and Unemployment Compensation.\*

\* In no case is dual compensation allowable to the employee from both the local government and as reimbursement from the awarding agency for a single period of time.

Procedures:

The two attached Forms will be used for wage reimbursement and other eligible costs associated with training.

**ODP FORM 1:**

Please complete all sections pertaining to the type of training for which you are applying. ODP classes or training do not require section 2 to be completed.

**ODP FORM 2:**

Return all supporting documents when requesting any reimbursement. Specific items are listed on the form and we ask that you review them carefully.

Please complete all sections pertaining to the type of training you received for which you are requesting reimbursement.

Special Note:

All funding is discretionary, with final approval by the DHS&EM Staff Officer and/or the DHS&EM Administrative Manager. In addition, reimbursement will be granted based upon funds available. Please use the narrative sections to explain cost overruns exceeding the estimation on Form 1 to receive complete reimbursement.

**Department of Military and Veterans Affairs  
Division of Homeland Security and Emergency Management  
Training/Class Request Form**

This form will be submitted each time an employee requests to attend training sponsored by the Office of Domestic Preparedness (ODP), where payroll costs are incurred by the home agency to fulfill the duties normally performed by the employee. The costs may be actual wages for overtime or backfill. This form must be submitted to the DHS&EM Training Officer for approval, prior to attending any class.

**Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Department/Agency:** \_\_\_\_\_  
**Agency Address:** \_\_\_\_\_  
**Class(s) requested:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
**Class(s) Offered by:** \_\_\_\_\_  
**Date(s)/Semester:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Estimated Training Costs		Estimated Summary of Training Funds	
Overtime/Backfill	\$	Jurisdiction Grant Share	\$
Cost of Training Class/Course	\$	Jurisdiction Local Share	\$
Miscellaneous Costs	\$	State Share	\$
Total Estimated Costs	\$	Total Estimated Expenditures	\$

Supervisor's recommendation/comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain how this training will assist you in your current position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reimbursement will be determined by the DHS&EM Training Officer depending upon available funding. "Overtime/Backfill" payments will only be considered for (ODP) training.

_____ Employee Signature	_____ Date
_____ Supervisor's Signature	_____ Date
_____ DHS&EM Training Officer Signature	_____ Date
_____ DHS Staff or Administrative Officer	_____ Date

Approval \_\_\_\_\_ Denial \_\_\_\_\_

CC code: \_\_\_\_\_

ODP Form 1

Instructions on Back

## Instructions to fill out Form 1

The following instructions will assist in completing of Form 1. If further assistance is necessary please contact the DHS&EM Training Officer for further clarification.

1. Name: Name of individual requesting training.
2. Job Title: Job of individual requesting training.
3. Department/Agency: The requesting individual's employer or affiliation.
4. Agency Address: The requesting individual's agency's complete address
5. Class(s) requested: The individual research's and selects the class(s) desiring to attend. There should be more than one selection for the training in case the first selection is full.
6. Location: Where the training/class is held.
7. Class(s) offered by: Identify the agency offering the class/training.
8. Date(s)/Semester: Select the date(s) of the class/training offered. Select one primary choice and one alternate date.
9. Time: The time of day the training is offered.
- 10 Estimated Training Costs: Fill out this section completely to make sure funds are available. This is an estimate of what costs will be incurred.
11. Supervisor's recommendation/comments: The person requesting the training needs to have their supervisor explain why the training should be taken by this person.
12. Please explain how this training will assist you in your current position: The person requesting the training needs to explain how the training requested will enhance job performance.
13. Employee Signature: The person requesting the training *must* sign prior to any training being approved.
14. Supervisor's Signature: The person requesting the training *must* get their supervisor's signature and approval prior to submitting this form for training request.

Complete all sections of this form, particularly section 12, to assist in the process for approval of the individual to receive the class/training requested.

The remaining portions of the form will be completed by DHS&EM personnel after a review of the form to check for completeness, accuracy, budgetary concerns and appropriateness of the training requested.

**Department of Military and Veterans Affairs  
Division of Homeland Security and Emergency Management  
Training/Class Completion and Reimbursement Form**

All sections applicable to the training/class attending are to be filled out entirely upon completion of the training/class attended and prior to reimbursement of funds. Attendance at this training has been pre-approved by DHS&EM.

**Name:** \_\_\_\_\_ **Department/Agency:** \_\_\_\_\_

**Class(s) completed:** \_\_\_\_\_ **Date(s) attended:** \_\_\_\_\_

Actual Training Expenses	
Overtime/Backfill Costs	\$
Cost of Training Class/Course	\$
Miscellaneous Costs	\$
Actual Total Costs	\$

Explanation of cost over runs: \_\_\_\_\_

A copy of all applicable Certificates of Completion, Transcripts/Final Grade, Overtime/Time Sheets and receipts must be attached. Any additional expenses not previously approved by the DHS&EM Training Officer are discretionary and may be denied.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Attachment Checklist: Check all applicable forms:		Summary of Training Funds	
Certificate of Completion		Jurisdiction Grant Share	\$
Transcripts/Final Grade		Jurisdiction Local Share	\$
Receipts		State Share	\$
Timesheets (Mandatory for overtime/backfill)		Total Expenditures	\$

**Final Disbursement of Funds:** \_\_\_\_\_ **Total reimbursement approved: \$** \_\_\_\_\_

**Explanation of funds not approved:** \_\_\_\_\_

\_\_\_\_\_  
DHS&EM Training Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
DHS&EM Staff Officer or DHS&EM Administrative Manager

\_\_\_\_\_  
Date

CC Code \_\_\_\_\_

Instructions on Back

ODP Form 2

## Instructions to fill out Form 2

The following instructions will assist in completing Form 2. If further assistance is necessary please contact the DHS&EM Training Officer at 428-7041 or 428-7065 for further clarification.

Name: Name of individual who attended the training/class.

Department/Agency: The Department/Agency of the Individual who attended training.

Class(s) completed: The name of the training attended.

Actual Training Expenses: This section must be filled out completely. All receipts, copies of certificates, copies of transcripts, copies of plane fares, and any other receipts pertaining to the training must accompany this form.

Explanation of cost over runs: This section must be completed if the dollar amount is higher than the original estimate. The narrative here will determine if the additional costs are warranted and will be used to determine if the full payment will be dispersed.

Employee Signature: The signature of the attendee must be on this form here.

Date: The date this form is completed by the attendee.

Supervisor Signature: The attendee's supervisor must sign this form to verify accuracy.

Attachment checklist: This section is a checklist for the attendee and attendee's supervisor to verify all forms have been submitted.

The accuracy and completeness of this form will assist in reimbursing all funds requested.

The remaining sections of Form 2 will be completed by DHS&EM personnel upon receipt of all necessary paperwork and attachments. The determination of the payment will then be processed and payment will be returned to the proper agency within two weeks of receiving all necessary documentation.